



## **Application for Disability Retirement**

# **Police and Firemen's Retirement System**

**State of New Jersey**

**Division of Pensions and Benefits**

**PO BOX 295  
Trenton, New Jersey 08625-0295**

## INTRODUCTION

This package includes all the forms you need to apply for an Accidental or Ordinary Disability Retirement from the Police and Firemen's Retirement System (PFRS). It includes:

- Fact Sheet #13 *Conversion of Life Insurance*;
- Fact Sheet #16 *Disability Retirement Benefits*;
- Application for Disability Retirement (to be completed by employee);
- Two Medical Examination forms (to be completed by your personal physicians);
- Authorization for Release of Medical Records (to be completed by employee and forwarded to hospital(s)); and
- Employer Certification for Disability Retirement (to be completed by employer).

*Read Fact Sheet #16 to determine if you qualify for a disability retirement.* If you qualify, continue reading and follow these instructions. If you have questions about qualifications for disability retirement, call the Division of Pensions and Benefits at (609) 292-7524.

## DISABILITY RETIREMENT PROCESS

The process starts with the filing of your Application for Disability Retirement with the Division of Pensions and Benefits. At the same time, you should complete the other forms required (listed above) and give them to your doctors, hospital, and employer, respectively. **AT LEAST TWO CORROBORATING PIECES OF MEDICAL DOCUMENTATION ARE REQUIRED: either two physician statements or a physician statement and documentation from a hospital.** If you are filing for an accidental disability, you will be scheduled for an examination by a physician appointed by the retirement system. Your application and all medical information submitted in evidence will be reviewed by the retirement system Medical Review Board prior to submission to the PFRS Board of Trustees. When the Medical Review Board feels it has sufficient medical information to make a determination, it will forward your application to the Board of Trustees with a recommendation. The Board of Trustees will make a final determination on your application at its monthly meeting and the Division of Pensions and Benefits will immediately notify you of the Board's decision.

If your retirement is approved, the Retirement Bureau will send you a quotation of your retirement allowance and life insurance benefit, if any. If you have requested an Accidental Disability Retirement and it is denied, but you are found to be totally and permanently disabled, you will be retired on the basis of an Ordinary Disability **provided you meet the service requirements.** If your retirement is not approved, you will be told the type(s) of retirement for which you qualify and appeal procedures.

Disability retirements require approximately six months to process after we have received the required forms. **Submit your Application for Disability Retirement as soon as possible** as there is no provision for an interim benefit between your last day of salary and your first pension check. The application must be received in our office prior to your retirement date. The other forms should be submitted as soon as they are completed. **It is your responsibility to ensure that these forms are submitted.**

**Important:** *Approval of workers' compensation, temporary or partial disability benefits, or social security disability benefits has no bearing on your approval for disability benefits payable by the retirement system.*

**Note on Health Benefit Coverage:** *If you qualify for enrollment into the New Jersey State Health Benefits Program (SHBP) upon retirement, you must maintain your health coverage while pending approval of your Disability Retirement. The transition of health coverage from active employment to retired status must be continuous - any break in coverage will jeopardize your eligibility to be offered continued SHBP coverage into retirement.*

## SURVIVOR BENEFITS AFTER RETIREMENT

Upon the death of an active or retired member, the surviving spouse is eligible to receive a pension benefit equal to 50 percent of your final compensation. If there is no surviving spouse, or your surviving spouse dies or remarries, the following benefit is payable to your minor children:

- 50 percent of final compensation to three or more children;
- 35 percent of final compensation to two children; or
- 20 percent of final compensation to one child.

Surviving spouse means the person to whom you were married on the date of your death. If your surviving spouse remarries after your death, benefits cease.

Child(ren) means your unmarried child(ren) under the age of 18 (or older if still in high school), or of any age if at the time of your death he/she is disabled because of mental or physical incapacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last or be expected to last for a continuous period of not less than 12 months as affirmed by the PFRS Medical Board.

Upon the death of an active or retired member, if there is no eligible surviving spouse or children, a pension will be paid to your eligible parents in these amounts:

- 25 percent of final compensation to one eligible parent; or
- 40 percent of final compensation to two eligible parents.

Parent(s) means your parent(s) who was receiving at least one-half support from you in the 12 months immediately preceding your death or the accident which led to your death. If your parent remarries after your death, benefits cease.

Final compensation is the total base salary upon which your pension contributions were based during the year preceding your retirement or death during active service (including the value of maintenance for the same period).

## DISABILITY RETIREMENT APPLICATION INSTRUCTIONS

**Please print or type. Read these instructions prior to completing the application.**

### Part One: Member Information

**Item 1: Membership Number** - Enter your pension system membership number.

**Item 2: Social Security Number** - Enter your social security number.

**Item 3: Name** - Insert your full name. If you are married, use your given name, **not**, for example, "Mrs. John Smith."

**Item 4: Date of Birth** - Insert the month, day and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so. *(Do not delay filing this application if this document is not readily available).*

**Item 5: Address** - Insert your present mailing address. Any subsequent change of address *prior to receiving benefits* must be reported to the Division of Pensions and Benefits in writing.

**Item 6: Telephone Numbers** - Enter your home and work telephone numbers. Include your area code.

**Item 7: Title** - Enter your current work title.

**Item 8: Type of Disability Retirement** - Mark the type of retirement for which you are applying. See Fact Sheet #16 for an explanation of each type.

**Item 9: Applicant's Supporting Statement** - State in layman's terms why you are no longer capable of performing your job. Be as specific as possible. You may use additional pages, if necessary, and these pages must be signed and notarized. Supporting medical information must be submitted prior to your application being approved.

**Item 10: Retirement Effective Date** - Insert the date you wish to retire. The earliest retirement date available to you is the first of next month. Your application **must**

**be received in this office prior to your retirement date.**

**Item 11: Loans at Retirement** - If you have a loan balance, you must decide whether you wish to pay the **entire** loan in a lump sum or have a loan deduction from your monthly retirement allowance equal to your current monthly loan payment until the balance, **with interest**, is satisfied.

**Item 12: Charges/Indictments** - Indicate whether or not you are currently under any departmental charges or formal indictment.

**Item 13: Name of Employer** - Insert the full name of your employer, *i.e.*, State agency, municipality, county, etc.

**Item 14: County** - Insert the county in which your employer is located.

**Item 15: (Accidental Disability only) Date and Description of Accident** - Enter the date of the accident and briefly describe what happened. List any witnesses to the accident and attach a copy of any accident reports that were filed.

**Item 16: (Accidental Disability only) Workers' Compensation** - Indicate if a Workers' Compensation claim has been filed. If you answer "yes" to the initial question, **you must complete questions 16a, 16b, and 16c.** If your claim is pending at the time you file your disability application, send the information to the Division as soon as it is obtained.

### Part Two: Your Marital Status and Children

**Item 17: Marital Status** - Check the appropriate box to indicate your current marital status.

**Item 18: Name of Spouse** - Insert your spouse's full name.

**Item 19: Spouse's SSN** - Enter your spouse's social security number.

**Item 20: Spouse's Address** - Complete this item only if your spouse's mailing address is different than yours.

**Item 21: Children** - List all unmarried child(ren) under the age of 18 (or older if still in high school), or of any age who is disabled because of mental or physical incapacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last, or be expected to last, for a continuous period of not less than 12 months as determined by the Medical Review Board. Indicate the name, gender and date of birth of each child. If you need to list more than three children, do so on a separate sheet of paper to be attached to this application. Be sure to list the same information as requested in Item 21. This sheet must be signed and notarized.

### **Part Three: Designation of Group Life Insurance Beneficiaries**

You may name any person or persons as well as an institution, charity, your estate, etc., as a beneficiary. If you designate an institution or charity, you must also include the institution's or charity's date of incorporation. You may also name multiple beneficiaries. The beneficiary you make on your retirement application designation **is effective when your Application for Disability Retirement is filed with the Division of Pensions and Benefits.**

**You should name both a Primary beneficiary(ies) and a Contingent beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to complete this section, the attachments must also be signed and notarized.**

**Item 22: Primary Beneficiary(ies)** - List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

**Item 23: Contingent Beneficiary(ies)** - List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

**Your Signature and Date:** Your application cannot be processed without your signature. ***Your signature on this application must be NOTARIZED. Any additional sheets you may use must also be signed and NOTARIZED.***

### **MEDICAL EXAMINATION FORM INSTRUCTIONS**

This form must be filed in support of your disability retirement application. Complete the applicant information and give the form to your doctor. It is your responsibility to ensure that your doctor completes and forwards the form to the Division of Pensions and Benefits.

### **AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS INSTRUCTIONS**

You will be responsible for any costs associated with obtaining hospital records required to support your application. This form is necessary if your disability included any hospitalization. Complete the form and present it to the Records Section of the hospital. If you were not hospitalized for the disability, check the box indicated on the form and return it to the Division of Pensions and Benefits with your retirement application.

### **OTHER INFORMATION**

**Group Life Insurance:** Most members of the retirement system are covered by group life insurance. If you are covered immediately prior to your retirement, you are entitled to life insurance coverage in retirement equal to 3½ times your final compensation until age 55 when it will be reduced to 1/2 of final compensation.

When your Group Life Insurance is reduced, you may convert the amount of insurance reduced to private individual insurance within the following 31 days. Please see the enclosed Fact Sheet #13, Conversion of Life Insurance, for more detailed information.

**Health Benefits:** Fact Sheet #11, Enrolling in the State Health Benefits Program When You Retire, provides information about continuing your health benefits coverage in retirement if you are eligible for State Health Benefits Program coverage. You can obtain this fact sheet by calling the Office of Client Services at (609) 292-7524 during normal business hours or call the Benefit Information Library directly at (609) 777-1931 and select #208. If you are not covered by the State Health Benefits Program, contact your employer about continuing your coverage.

**Workers' Compensation:** If you are receiving a workers' compensation benefit, your Accidental Disability Retirement will be reduced by the dollar value of the periodic benefit during the duration of the workers' compensation benefit. Ordinary Disability Retirement benefits are not affected by workers' compensation payments.

**Notifying Your Employer:** It is important that you notify your employer of your retirement plans since your employer must complete the "Employer Certification for Disability Retirement" included with this application package. **Your retirement cannot be processed without these documents.**

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**IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CONTACT THE OFFICE OF CLIENT SERVICES AT (609) 292-7524 OR VISIT OUR OFFICE AT 50 WEST STATE STREET IN TRENTON, NEW JERSEY**

# Conversion of Group Life Insurance

All Funds

If you are covered by group life insurance while employed, the coverage ends 31 days after you cease employment (whether for reasons of retirement, termination of employment, or leave of absence without pay).

You have the option to convert your group life insurance coverage to an individual policy with the Prudential Insurance Company when you retire, terminate employment, or lose coverage while on a leave of absence without pay. **This conversion to a Prudential policy is guaranteed (you cannot be denied coverage for health or other reasons), but it may be more expensive or less suitable to your needs than other policies for which you may qualify from Prudential or other insurance carriers.** You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy. (Other carriers may accept or reject your application based on their evaluation of the status of your health and other factors.) **If you wish to purchase a conversion policy, you have a one time option to do so prior to the 31st day after you cease employment. After that date, you will not be eligible to purchase a conversion policy.**

You may convert your life insurance to any individual, non-group policy customarily offered by Prudential. However, you cannot convert to term insurance or a policy containing disability benefits. Under a guaranteed conversion, the premiums you pay are Prudential's "standard" rates for the type of policy to which you would be converting. The individual policy will be effective at the end of the 31 day conversion grace period. If you do not convert to an individual policy by the end of the 31 day period, your coverage will end.

To initiate the purchase of a conversion policy, you must contact the Prudential Insurance Company (not the Division of Pensions and Benefits) through any of its local offices or if you live in New Jersey, by calling 1-800-262-1112. You will need to provide your group insurance policy number, as follows:

- G-14800 - This is the policy number for the basic (noncontributory) group life insurance for the following pension systems: ABP<sup>1</sup>, PERS<sup>2</sup>,

TPAF<sup>3</sup>, JRS<sup>4</sup>, PFRS<sup>5</sup>, SPRS<sup>6</sup>

- G-13900 - This is the policy number for the contributory group life insurance for PERS
- G-14300 - This is the policy number for the contributory group life insurance for TPAF

The conversion policy can be for any amount of insurance up to the amount that you had while employed. (In the case of a retirement the maximum amount that you can purchase will be reduced by the amount of any life insurance that you will automatically receive in retirement under your retirement plan. See example under Retirement.) *To protect your conversion privilege it is suggested that you send your application for conversion to Prudential with at least one month's premium, at the time you file your retirement application with the Division of Pensions and Benefits.*

The following sections provide more detailed information about conversion policies for the specific situations of retirement, i.e., deferred retirement, disability retirement, and termination of employment or leave of absence.

## RETIREMENT

If you retire with 10 or more years of service credit in the retirement system, the amount of your group life insurance will be substantially reduced when you retire. The amount of your coverage will be listed in the Quotation of Retirement Benefits that you will receive prior to your retirement. It will be identified as the "Lump Sum Death Benefit." You will automatically be covered by this insurance and do not need to do anything to qualify.

If you retire with less than 10 years of service credit in the retirement system, you will not receive any group life insurance coverage (for the exception, see

<sup>1</sup>ABP — Alternate Benefit Program

<sup>2</sup>PERS — Public Employees' Retirement System

<sup>3</sup>TPAF — Teachers' Pension and Annuity Fund

<sup>4</sup>JRS — Judicial Retirement System

<sup>5</sup>PFRS — Police and Firemen's Retirement System

<sup>6</sup>SPRS — State Police Retirement System

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"Disability Retirement" below).

The reduction (or elimination) of your life insurance coverage will be effective 31 days after your date of termination. If you wish to supplement this coverage with either a conversion policy from Prudential or another type of policy from Prudential or another insurance carrier, it would be best to begin exploring your options at least four months prior to your retirement.

**EXAMPLE:** If you had group life insurance of \$96,000 through the retirement system while employed, and that life insurance coverage drops to \$6,000 at retirement, you can purchase up to \$90,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

**Deferred Retirement (Does not apply to ABP)**

Your life insurance coverage will end 31 days after termination of employment. Any life insurance coverage to which you are entitled upon retirement will not take effect until you reach the normal retirement age for your pension system and begin to receive retirement benefits (age 60 for PERS, TPAF, and JRS; age 55 for PFRS and SPRS).

You have the one-time option to purchase a conversion policy prior to the 31st day after termination of employment (**not at the time that you reach normal retirement age**). The maximum amount of coverage that you may purchase will be the difference between the amount of coverage you had while employed and the amount of coverage that you will automatically receive when you begin to receive retirement benefits.

**Disability Retirement (Does not apply to ABP)**

If you are approved for a disability retirement you will automatically be covered by life insurance until you reach the normal retirement age (age 60 for PERS, TPAF, and JRS; age 55 for PFRS and SPRS). The amount of this coverage will be equal to the amount of the non-contributory insurance coverage that you had while employed.

You will have the option to purchase a conversion

policy up until the day you reach normal retirement age for your pension system. The maximum amount of coverage that you may purchase will be the difference between the amount of non-contributory coverage you had while employed and the amount of coverage that you will automatically receive when you reach the normal retirement age.

**If you also had contributory life insurance while employed, you may convert the amount of your contributory insurance until 31 days after termination of employment.** Whether or not you exercise this option, you will still have the option to convert the non-contributory portion of your life insurance up until the day that you reach normal retirement age.

**TERMINATION OF EMPLOYMENT  
OR LEAVE OF ABSENCE**

If you terminate employment without applying for retirement or your insured period during a leave of absence expires, you will continue to be covered for the next 31 days. Up until the end of that 31 day period, you may convert your group life insurance, without medical examination, to any individual policy customarily offered by Prudential except term insurance or a policy containing disability benefits.

**EXAMPLE:** If you had group life insurance of \$96,000 through the retirement system while employed, that life insurance coverage is eliminated at termination of employment. You can purchase up to \$96,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

**RETURN TO PUBLIC EMPLOYMENT**

If you return to public employment after the purchase of a conversion policy, you must discontinue your individual conversion policy. If you do not, you will be required to submit satisfactory proof of insurability before you can be covered again in full under a group life insurance policy.

**The Division of Pensions and Benefits cannot provide premium rates for converted life insurance policies. Please contact a Prudential agent for this information.**

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This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295**

**(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

**URL: <http://www.state.nj.us/treasury/pensions> • E-mail: [pensions\\_nj@tre.state.nj.us](mailto:pensions_nj@tre.state.nj.us)**

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Although every attempt at accuracy is made, it cannot be guaranteed.

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# Disability Retirement Benefits

Police and Firemen's Retirement System

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## ORDINARY DISABILITY

To qualify for Ordinary Disability Retirement benefits you must:

- have four or more years of New Jersey service credit in the pension system (the purchase of out-of-state, military, and U.S. government civilian service cannot be used to attain the four years);
- be a member in service at the time the application is filed with the Division of Pensions and Benefits (an official leave of absence is considered in service); and
- be considered totally and permanently disabled.

The application for Ordinary Disability Retirement includes forms for your physicians to complete and a release for any hospital records related to your disability.

Applicants may be examined by physicians selected by the retirement system.

If you qualify for an Ordinary Disability Retirement benefit, the annual benefit is equal to 40 percent of your Final Compensation or 1.5 percent of your Final Compensation for each year of service credit, whichever is higher. "Final Compensation" means the salary on which pension contributions were taken in the 12 months immediately preceding your retirement.

## INVOLUNTARY ORDINARY DISABILITY RETIREMENT

A PFRS member with more than 20 years of service credit in the retirement system, but less than 25 years of service, who meets the qualifications for Ordinary Disability shown above and who is required to retire upon application by the employer, will receive an Ordinary Disability Retirement allowance of 50 percent of Final Compensation plus an additional three percent of Final Compensation for every additional year of creditable service over 20 but not over 25 years.

## ACCIDENTAL DISABILITY

To qualify for Accidental Disability Retirement benefits you must:

- be a member in service at the time the application is filed with the Division of Pensions and Benefits (an official leave of absence is considered in service);
- be enrolled in the PFRS on or before the date of the traumatic event (see definition below);
- be considered totally and permanently disabled as a direct result of a traumatic event that happened during and as a direct result of carrying out your regular or assigned job duties;
- file an application within five years of the date of the traumatic event; and
- be examined by physicians selected by the retirement system.

The application for Accidental Disability Retirement includes forms for your physicians to complete and a release for any hospital records related to your disability.

A "Traumatic Event" has been defined by the courts as one in which the worker is involuntarily exposed to a violent level of force or impact which is not brought into motion by the worker.

To be eligible for Accidental Disability Retirement benefits, the worker must demonstrate that:

- the injury was not induced by normal work effort;
- the worker met involuntarily with the object that was the source of the harm; and
- the source of the injury was a violent or uncontrollable power.

If you qualify for an Accidental Disability Retirement benefit, your annual pension will be 2/3 of your annual compensation on which pension contributions were being made at the time of retirement or the date of the traumatic event, whichever provides the higher benefit.

If you apply for Accidental Disability Retirement and are found by the Board of Trustees to be totally and permanently disabled, but not because of a traumatic event, you may be retired on an Ordinary Disability.

### **APPLYING FOR DISABILITY RETIREMENT BENEFITS**

An *Application for Disability Retirement* is only available from:

**Division of Pensions and Benefits  
PO Box 295  
Trenton, NJ 08625-0295**

Applicants for disability retirement must submit all supporting hospital and physician records. All medical information is confidential and used only by the Board of Trustees in reviewing the claim. Statements from the member's employer and others familiar with the disability may be required. The more complete the application, the faster it can be processed. It may take six months or more to process the application.

Your employer has the right to apply for an Involuntary Disability Retirement on your behalf.

The approval of Workers' Compensation or Social Security Disability benefits has no impact on qualifying you for disability retirement benefits from the PFRS.

If you retire with an outstanding loan balance, you must indicate on your retirement application how you wish to repay your loan balance. You may:

- pay the loan in its entirety prior to receiving any benefits; or
- continue your monthly loan repayment schedule into retirement until the loan balance plus interest has been repaid.

### **OTHER INFORMATION**

#### **Group Life Insurance**

Most members of the retirement system are covered by group life insurance. If you are covered immediately prior to your retirement, you are enti-

tled to coverage in retirement.

If approved for a disability retirement, you are covered by group life insurance in the amount of 3½ times your final compensation until age 55, when your life insurance coverage automatically reduces to ½ of your final compensation.

When your group life insurance is reduced, you have 31 days to convert the amount of insurance reduced to private individual insurance coverage. Please see Fact Sheet #13 - *Conversion of Life Insurance*, for more detailed information.

#### **Disability Retirees Returning to Work**

If you return to active service in a position covered by PFRS, you enroll again in the retirement system. Deductions for pension are resumed and you are treated as an active member in all respects. The PFRS Board of Trustees must approve any return to duty. Upon subsequent retirement, you will receive a benefit based on total service.

#### **Health Benefits**

Fact Sheet #11 - *Enrolling in the State Health Benefits Program When You Retire*, provides information about continuing your health benefits coverage in retirement if you are eligible for State Health Benefits Program coverage. If you are not covered by the State Health Benefits Program, contact your employer about continuing your coverage.

#### **Workers Compensation**

If you are receiving periodic Workers' Compensation benefits, your Accidental Disability Retirement allowance will be reduced dollar for dollar by the periodic benefit paid after your retirement date. Ordinary Disability Retirement benefits are not affected by Workers' Compensation payments.

#### **Fact Sheets**

To obtain any of the fact sheets mentioned above, call our Benefit Information Library (BIL) at (609) 777-1931. You may request to have the fact sheets mailed or faxed. To receive a fact sheet by mail, enter the information selection number (see Mail on next page) for the fact sheet and after the recorded



message, leave the requested mailing information. To have the fact sheet sent directly to your fax machine, select the Fax on Demand option and enter fax selection number along with the area code and number of your fax machine. The selection numbers are as follows:

<b>Fact Sheet</b>	<b>Mail</b>	<b>Fax</b>
Fact Sheet #11 - <i>Enrolling in the State Health Benefits When You Retire</i>	#208	#8208
Fact Sheet #13 - <i>Conversion of Life Insurance</i>	#245	#8245

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**State of New Jersey — Department of the Treasury**  
**Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524**

**APPLICATION FOR DISABILITY RETIREMENT**  
**POLICE AND FIREMEN'S RETIREMENT SYSTEM (PFRS)**

*Please Read Instructions Prior to Completing Application*

**PART ONE: MEMBER INFORMATION** (Please print - black ink preferred - or type.)

1. Membership Number \_\_\_\_\_ 2. SSN \_\_\_\_\_
3. Name \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_  
Last, First, MI Month, Day, Year
5. Home Mailing Address \_\_\_\_\_  
Street Address, City, State, Zip Code
6. Phone #s — Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_
7. Current Work Title \_\_\_\_\_
8. Type of Disability Retirement ☐ **ORDINARY** ☐ **ACCIDENTAL**
9. I declare that I am incapacitated for further service in the work title listed in Item 7 due to the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Retirement Effective Date — The first day of (month/year) \_\_\_\_\_
11. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?  
☐ Continue Payments into Retirement ☐ Lump Sum
12. Are you currently under departmental charges or formal indictment? ☐ NO ☐ YES
13. Employer Name \_\_\_\_\_ 14. County \_\_\_\_\_

**(Questions #15 and #16 are for Accidental Disability only.)**

15. Date of Accident \_\_\_\_\_ Describe the accident and list any witnesses to it.  
Month, Day, Year  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Has a claim been filed for Workers' Compensation? ☐ NO ☐ YES If Yes, answer 16a, b, and c
  - a) Amount of Periodic Benefit \$ \_\_\_\_\_ per week.
  - b) Beginning date of award \_\_\_\_\_ c) Ending date of award \_\_\_\_\_

DETACH HERE

20. Spouse's Mailing Address (if different from member's)

Name \_\_\_\_\_

Last	First	MI	Gender	Date of Birth
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### PART THREE: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Your signature must be notarized)

Official Title

State of New Jersey — Department of the Treasury  
Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

**MEDICAL EXAMINATION BY PERSONAL OR TREATING PHYSICIAN**

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This form must be filed in support of an Application for Disability Retirement  
and is restricted to the confidential use of the retirement system.

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**PART ONE — APPLICANT** (COMPLETE PART ONE BEFORE PRESENTING THIS FORM TO THE PHYSICIAN.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last, First, Middle Initial* *Month, Day, Year*

Social Security Number \_\_\_\_\_ Job Title \_\_\_\_\_

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**PART TWO — PHYSICIAN** (PLEASE TYPE OR PRINT CLEARLY.)

1. History of the illness or injury causing the disability and any other pertinent past or present history:
  
  
  
  
  
  
  
  
  
  
2. Positive physical findings:
  
  
  
  
  
  
  
  
  
  
3. Significant laboratory, cardiographic, x-ray or other diagnostic data: (If available, please attach copies of narrative reports only. No films please.)
  
  
  
  
  
  
  
  
  
  
4. Diagnosis:

5. Is the applicant totally and permanently disabled and no longer able to perform his or her job duties:

☐ NO ☐ YES

If Yes, explain in what way the applicant's symptoms or physical findings prevent him or her from working:

6. a) Is the applicant's disability likely to be stable or progressive? ☐ Stable ☐ Progressive

b) If progressive, is death imminent? ☐ NO ☐ YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's duties?

☐ NO ☐ YES

7. Is the applicant permanently and totally disabled as a direct result of a traumatic event occurring during and as a result of the performance of the applicant's regular assigned duties?

☐ NO ☐ YES

If yes, explain the causal relationship:

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Physician's Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specialty: \_\_\_\_\_ NJ License Number: \_\_\_\_\_

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*Signature of Physician*

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*Date*

**This form must be filed in support of an Application for Disability Retirement and is restricted to the confidential use of the retirement system.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last, First, Middle Initial* *Month, Day, Year*

Social Security Number	Job Title
------------------------	-----------

1. History of the illness or injury causing the disability and any other pertinent past or present history:

2. Positive physical findings:

3. Significant laboratory, cardiographic, x-ray or other diagnostic data: (If available, please attach copies of narrative reports only. No films please.)

4. Diagnosis:

5. Is the applicant totally and permanently disabled and no longer able to perform his or her job duties:

☐ NO ☐ YES

If Yes, explain in what way the applicant's symptoms or physical findings prevent him or her from working:

6. a) Is the applicant's disability likely to be stable or progressive? ☐ Stable ☐ Progressive

b) If progressive, is death imminent? ☐ NO ☐ YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's duties?

☐ NO ☐ YES

7. Is the applicant permanently and totally disabled as a direct result of a traumatic event occurring during and as a result of the performance of the applicant's regular assigned duties?

☐ NO ☐ YES

If yes, explain the causal relationship:

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Physician's Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specialty: \_\_\_\_\_ NJ License Number: \_\_\_\_\_

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*Signature of Physician*

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*Date*

State of New Jersey — Department of the Treasury  
Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

**MEMBER INSTRUCTIONS:** *Please complete this section and present or mail this form directly to the hospital for the release of your hospital records. Should you need additional forms, please make copies or contact the Division of Pensions and Benefits.*

- ☐ If you were **not** hospitalized for your disability, check this box and return this form to the Division of Pensions and Benefits along with your *Application for Disability Retirement*. In that case, medical examination reports from two physicians must be submitted before a determination can be made.

TO: \_\_\_\_\_  
Name of Hospital

I have made application to the Division of Pensions and Benefits, State of New Jersey for a retirement benefit because of disability. In that connection, I do hereby authorize and request the release of copies of my medical records covering my hospital stay from \_\_\_\_\_ to \_\_\_\_\_ and ask that these records be forwarded to the Division of Pensions and Benefits.

**IF THERE IS ANY CHARGE FOR THIS SERVICE, I WILL REIMBURSE THE HOSPITAL.**

**DO NOT SEND BILLS FOR SERVICE TO THE DIVISION OF PENSIONS AND BENEFITS.**

_____ Name of Patient	_____ Social Security Number
_____ Street Address, City, State, Zip Code	
_____ Signature of Patient	_____ Date

**If there is any charge for this service,  
PLEASE BILL THE PATIENT AT THE ADDRESS ABOVE.**

**HOSPITAL INSTRUCTIONS:** *Please mail hospital records to —* Division of Pensions and Benefits  
Bureau of Retirements  
PO Box 295  
Trenton NJ 08625-0295

Please limit records to the following:

1. Face Sheet
2. History and Physical Examination on Admission
3. Discharge Summary
4. Operative Report (if applicable)
5. Reports of diagnostic tests, X-ray, CT scan, MRI, ECG, EKG, etc.

**PLEASE LIMIT RECORDS TO REPORTS ONLY - NO FILMS**



**State of New Jersey — Department of the Treasury**  
**Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295 • (609) 292-7524**

**EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT**

1. **TO: Board of Trustees** (Check appropriate fund) ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ JRS

2. \_\_\_\_\_  
 NAME OF EMPLOYEE \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_  
 \_\_\_\_\_  
 TITLE (Attach copy of job description - PERS only) \_\_\_\_\_ EMPLOYER'S ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_ EMPLOYER'S ADDRESS (Continued) \_\_\_\_\_  
 \_\_\_\_\_  
 MEMBERSHIP NUMBER \_\_\_\_\_ EMPLOYER'S PHONE NUMBER \_\_\_\_\_

**TYPE OF DISABILITY RETIREMENT** (Select One) — ☐ ORDINARY ☐ ACCIDENTAL (Give date of accident below) \_\_\_\_\_

3. **EMPLOYEE STATUS** ☐ Full-Time ☐ Part-Time

4. **AUTHORIZED LEAVE OF ABSENCE**

☐ Paid Sick Leave - Dates from \_\_\_\_\_ to \_\_\_\_\_  
☐ Paid Personal Leave - Dates from \_\_\_\_\_ to \_\_\_\_\_  
☐ Unpaid Sick Leave - Dates from \_\_\_\_\_ to \_\_\_\_\_  
☐ Unpaid Personal Leave - Dates from \_\_\_\_\_ to \_\_\_\_\_  
☐ Temporary Disability Insurance - Dates from \_\_\_\_\_ to \_\_\_\_\_

5. **UNAUTHORIZED LEAVE OF ABSENCE** — Dates from \_\_\_\_\_ to \_\_\_\_\_

6. a) **Is the member currently on suspension?** ☐ NO ☐ YES If yes, give date of suspension \_\_\_\_\_

Is suspension ☐ PAID or ☐ UNPAID

b) **Is the applicant facing disciplinary action or indictment?** ☐ NO ☐ YES If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. Was applicant dismissed? ☐ NO ☐ YES If yes, give reason and date \_\_\_\_\_

8. **IF THE EMPLOYEE IS FILING FOR AN ACCIDENTAL DISABILITY RETIREMENT, PLEASE COMPLETE THE SECTION BELOW**

a) Did this accident occur during the performance of the employee's duties? ☐ NO ☐ YES  
 b) Is a record of this accident on file? ☐ NO ☐ YES If yes, attach copy of accident report, including any witness statements.  
 c) Was this accident a result of the employee's negligence? ☐ NO ☐ YES  
 d) Has the employee filed a claim for Workers' Compensation? ☐ NO ☐ YES

If yes, dates of periodic payments from \_\_\_\_\_ to \_\_\_\_\_

NAME OF WORKERS' COMPENSATION CARRIER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

**CERTIFICATION OF SERVICE AND FINAL SALARY**

9. Date employee's service terminated (*Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.*) \_\_\_\_\_
10. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (*line 9 above*); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ \_\_\_\_\_

11. Has member received a significant annual salary increase in the last 3 years of employment? ☐ NO ☐ YES *If yes, please provide a detailed explanation with documentation such as salary guides and employment contracts and ruling body minutes.*
12. Has there been any retroactive salary paid to the employee within the past three years? ☐ NO ☐ YES *If yes, please describe below:*

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

13. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

**State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 13.**

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES		TOTAL PENSION DEDUCTIONS	
							NO. PAYMENTS	AMOUNT				
	\$		\$		\$			\$	\$		\$	
	\$		\$		\$			\$	\$		\$	

✓ **CHECKLIST — The following items *must* accompany this form:**

- \_\_\_\_\_ 1. Job Description (mandatory - PERS only)
- \_\_\_\_\_ 2. Copies of indictments, convictions, and/or preliminary and final notices of disciplinary action. (If Question #6 is answered yes.)
- \_\_\_\_\_ 3. Copies of accident reports, incident reports, witness statements, medical records relating to the incident, and other related documents (Accidental Disability only).
- \_\_\_\_\_ 4. Copies of Workers' Compensation awards (*Accidental* Disability only).

Name of Certifying Officer \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If a member of the retirement system qualifies for periodic benefits payable under the Workers' Compensation law during the course of active employment, regular pension contributions must be paid to the system by the employer. The payments are computed on the base salary paid immediately prior to the receipt of Workers' Compensation benefits. These payments are credited to the member's account in the system and will be treated as employee contributions for all benefit or claim purposes.